FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent	Respondent								į		ļ				
Harrisonville Telephone Company 213 S. Main St. P.O. Box 149 Waterloo, IL 62298	ompany												Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting Period Co	Period (Endi	Reporting Period (Ending Date of Pay Period Covered by Report)	y		4. Number o	 Number of Full-Time Employees during Selected Reporting Period (check one): 	nptoyees duri	ng Selected					
2018		Marc	March 17, 2018	18			a Reporting	 a. Fewer than 16 (complete Sections I, IV, and V only) b. 1 16 or more (complete all sections) 	cone): omplete Sectionalete all section	ions I, IV, and	V only)				
SECTION II - Full-Time Employees.	ees.						֖֭֓֞֜֜֜֜֜֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֡֓֜֜֡֓֓֡֓֡֓֡֓֡֡֡֓֡֡֡֡֡	2 21010	an accept	Janes J					
						_	Num (Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
Job								Race/Ethnicity							
Categories	Hisp	Hispanic or				:		Not-Hispanic or Latino	c or Latino						Total
					Male	l e					Female	ale			Columns
	Male	Female	White		Native Hawaiian or	Asian	American Indian or	Two or more races	White		Native Hawaiian or	Asian		Two or more races	:
					Pacific Islander		Native			Amencan	Pacific Islander		Native		
Even thus/Senior Level	>	100	C	0	m	771	ြ	Ī	-	ے	~	_	Z	z	0
Officials and Managers 1.1			3						2					_	ري
First/Mid-Level Officials and 1.	1,2		26						11						37
Professionals	2														0
Technicians	ω														0
	4													-	0
Administrative Support Workers	Un		_						16				1		18
Craft Workers	6		28						3		!				31
Operatives	7														0
Laborers and Helpers	8														0
Service Warkers	9											_			0
TOTAL 1	10 0	0	58	0	0	0	0	0	32	0	0	0	1	0	91
PREVIOUS YEAR TOTAL 11			56						31				1		88

	24/2018 Karen G.	Date Typed or Printed Nam	I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	SECTION V - Certification	(Auach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.	1 1	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.		PREVIOUS YEAR TOTAL 11	TOTAL 10 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1	Þ	Male		Categories Hispanic or	Job		SECTION III - Part-Time Employees.													
	Bergman	of Person Si	and belief, al		date filed, cou	e following cor	tent jurisdictio	complaints re	s Pursuant to	-		0											ω	Female		۹ 																
	gming	anina	statemer		rts or age	nplaints a	n in such	garding v	47 CFR			0											C	White																		
MILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FIX			nts in this repo		ncies before	lleging violati	matters durin	violations of th	22.321, 23.55			0											D	Black or African American																		
TATE STATE		Si	ort are true ar		which the ma	ons of the pro	ng the calenda	ne equal empl	, 90.168, 101			0											ш	Native Hawaiian or Other Pacific Islander	Male																	
EMENTS MA	Signature Harrisonvi	Signature H	nd correct.		tter has been	visions of an	ar year covere	oyment provi	.4, and 101.3			0											П	Asian	ile																	
DE ON THIS		rricor			heard, file nu	y equal emplo	ed by this rep	sions of Fede	311.			0											9	American Indian or Alaska Native				Num (Report emplo														
To a second	ONVILLE LET	1110			mber or other	yment opport	Ä	ral, state, temi				0											I	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)														
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Executive v	ecutive Vice Presidents) 939-6112	Ш			and current s	have been file		l statutes hav				0											ر	Black or African American																		
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CELL ,		Telephone N			sition.	company.		gainst this				0											٦	Asian	Female																	
	°. 39-6112										0											Z	American Indian or Alaska Native																			
AND/OR RE																									0											z	Two or more races					
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